

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

1006.F-5816

First Named Inventor

Julie Moriarty, et al.

**COMPLETE IF KNOWN**

Application Number

10 / 066,311

Filing Date

February 2, 2002

Art Unit

Examiner Name

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Shear-Enhanced Systems and Methods for Removing Waste Materials and Liquids from the Blood

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

02/02/2002

as United States Application Number or PCT International

Application Number

10/066,311

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application  
Number(s)

Country

Foreign Filing Date  
(MM/DD/YYYY)Priority  
Not ClaimedCertified Copy Attached?  
YES NO

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

\*\*\*\*\* Page 1 of 2

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  or ☒ Correspondence address belowName  
Bradford R.L. Price, Esq.  
Baxter Healthcare Corporation - Fenwal Division, RLP-30Address  
P.O. Box 490 - Route 120 & Wilson Road

City Round Lake	State IL	ZIP 60073
Country USA	Telephone (847) 270-2632	Fax (847) 270-2658

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) JulieFamily Name  
or Surname MoriartyInventor's  
Signature*Julie Moriarty*

Date

5/27/02

Residence: City Evanston	State IL	Country US	Citizenship AU
-----------------------------	-------------	---------------	-------------------

Mailing Address  
~~1205 Michigan Avenue~~ 1235 Wesley Ave

City Evanston	State IL	ZIP 60202	Country US
------------------	-------------	--------------	---------------

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) RohitFamily Name  
or Surname VishnoiInventor's  
Signature

Deerfield

IL

US

Date

Country US

Mailing Address

City Deerfield	State IL	ZIP 60015	Country US
-------------------	-------------	--------------	---------------

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☒

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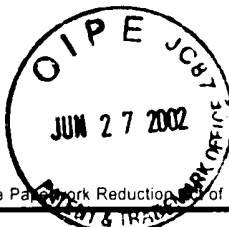
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Gretchen		Kunas	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	Pleasanton	<b>State</b>	CA
<b>Country</b>	US	<b>Citizenship</b>	US
<b>Mailing Address</b> 1134 Mataro Court			
<b>Mailing Address</b>			
<b>City</b>	Pleasanton	<b>State</b>	CA
<b>ZIP</b>	94566	<b>Country</b>	US
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<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>		<b>State</b>	
<b>ZIP</b>		<b>Country</b>	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you spend on this form should be sent to the Director, U.S. Patent and Trademark Office, Attention: Paperwork Reduction Project, Washington, DC 20590.



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First Named Inventor Julie Moriarty, et al.

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*(Title of the Invention)*

the specification of which

☐ is attached hereto

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Prior Foreign Application  
Number(s)

Country

Foreign Filing Date  
(MM/DD/YYYY)Priority  
Not ClaimedCertified Copy Attached?  
YES NO☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

\*\*\*\*\* P P P P P P \*\*\*\*\*

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Bradford R.L. Price, Esq.  
Baxter Healthcare Corporation - Fenwal Division, RLP-30Address  
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City Round Lake	State IL	ZIP 60073
Country USA	Telephone (847) 270-2632	Fax (847) 270-2658

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Julie	Family Name or Surname Moriarty
---	------------------------------------

Inventor's Signature	Date
-------------------------	------

Residence: City Evanston	State IL	Country US	Citizenship AU
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Mailing Address  
1205 Michigan Avenue

City Evanston	State IL	ZIP 60202	Country US
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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Rohit	Family Name or Surname Vishnoi
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Inventor's Signature	Date 5/18/02
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City Deerfield	State IL	Country US	Citizenship US
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Mailing Address

City Deerfield	State IL	ZIP 60015	Country US
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Please type a plus sign (+) inside this box → ☒

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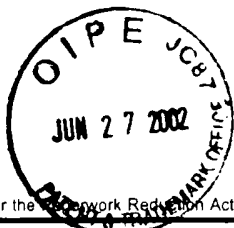
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Inventor's Signature		Date	
Residence: City	Pleasanton	State	CA
Country	US	Citizenship	US
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Mailing Address			
City	Pleasanton	State	CA
ZIP	94566	Country	US
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Inventor's Signature		Date	
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Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
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Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on this form should be directed to the Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20540.



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OR  
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Attorney Docket Number 1006.F-5816

First Named Inventor Julie Moriarty, et al.

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Examiner Name

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*(Title of the Invention)*

the specification of which

☐ is attached hereto

OR

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02/02/2002

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

**Name** Bradford R.L. Price, Esq.  
Baxter Healthcare Corporation - Fenwal Division, RLP-30

**Address** P.O. Box 490 - Route 120 & Wilson Road

<b>City</b> Round Lake	<b>State</b> IL	<b>ZIP</b> 60073
<b>Country</b> USA	<b>Telephone</b> (847) 270-2632	<b>Fax</b> (847) 270-2658

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :** ☐ A petition has been filed for this unsigned inventor

<b>Given Name</b> (first and middle [if any]) Julie	<b>Family Name</b> or Surname Moriarty
--	---

<b>Inventor's</b> <b>Signature</b>	<b>Date</b>
---------------------------------------	-------------

<b>Residence: City</b> Evanston	<b>State</b> IL	<b>Country</b> US	<b>Citizenship</b> AU
---------------------------------	-----------------	-------------------	-----------------------

**Mailing Address** 1205 Michigan Avenue

<b>City</b> Evanston	<b>State</b> IL	<b>ZIP</b> 60202	<b>Country</b> US
----------------------	-----------------	------------------	-------------------

**NAME OF SECOND INVENTOR:** ☐ A petition has been filed for this unsigned inventor

<b>Given Name</b> (first and middle [if any]) Rohit	<b>Family Name</b> or Surname Vishnoi
--	--

<b>Inventor's</b> <b>Signature</b>	<b>Date</b>
---------------------------------------	-------------

<b>City</b> Deerfield	<b>State</b> IL	<b>Country</b> US	<b>Citizenship</b> US
-----------------------	-----------------	-------------------	-----------------------

**Mailing Address**

<b>City</b> Deerfield	<b>State</b> IL	<b>ZIP</b> 60015	<b>Country</b> US
-----------------------	-----------------	------------------	-------------------

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box →



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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Gretchen		Kunas	
Inventor's Signature <i>Gretchen Kunas</i>		Date <i>May 15, 2002</i>	
Residence: City Pleasanton	State CA	Country US	Citizenship US
Mailing Address 1134 Mataro Court			
Mailing Address			
City Pleasanton	State CA	ZIP 94566	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

**Burden Hour Statement.** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments should be directed to the Office of Management and Enterprise Services, U.S. Patent and Trademark Office, Washington, DC 20590.

Please type a plus sign (+) inside this box → ☒

PTO/SB/81 (02-01)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/066,311
Filing Date	February 2, 2002
First Named Inventor	Julie Moriarty, et al.
Title	Shear-Enhanced Systems and Methods for Removing Waste Materials and Liquid from the Blood
Group Art Unit	Not yet Assigned
Examiner Name	Not yet Assigned
Attorney Docket Number	1006.F-5816

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Bradford R.L. Price, Esq.	29,101
Amy L.H. Rockwell, Esq.	32,094
Gary W. McFarron, Esq.	27,357
Andrew G. Kolomayets,	33,723

Michael C. Mayo 38,545  
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all  
business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Signature

Date

2/18/02

NOTE: Signatures of all the inventors or assignees of record (firm or individual) or their representatives are required. Submit multiple forms if more than one signature is required. See 1.000.

☒ Multiple forms are submitted. (Page 2 of 2)

Supplemental Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any person who  
the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC  
20591. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20591.

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OR

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☐ Firm or  
Individual Name

Address

Address

City

State

Zip

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Fax

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forms for each signature. (See 37 CFR 3.71.)

☒ Total of 3 forms are submitted. Page 1 of 1

Burden-hour Statement: This form is estimated to take 3 minutes to complete. The workload of the U.S. Patent and Trademark Office is increasing. The amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20503.

Please type a plus sign (+) inside this box → ☒

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Group Art Unit	Not yet Assigned
Examiner Name	Not yet Assigned
Attorney Docket Number	1006.F-5816

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OR

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Michael C. Mayo

38,545

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☐ Firm or  
Individual Name

Address

Address

City

State

Zip

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Fax

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☒ If inventor(s) or assignee(s) are submitting this form, please sign below.

Independent or Statement: This form is estimated to take 3 minutes to complete. Time will vary depending on the complexity of the information. Any information the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20503.

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Title	Shear-Enhanced Systems and Methods for Removing Waste Materials and Liquid from the Blood
Group Art Unit	Not yet Assigned
Examiner Name	Not yet Assigned
Attorney Docket Number	1006.F-5816

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Gary W. McFarron, Esq.	27,357
Andrew G. Kolomayets,	33,723

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms for each signature is required, see below.

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PTO/SB/81 (02-01)

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Application Number	10/066,311
Filing Date	February 2, 2002
First Named Inventor	Julie Moriarty, et al.
Title	Shear-Enhanced Systems and Methods for Removing Waste Materials and Liquid from the Blood
Group Art Unit	Not yet Assigned
Examiner Name	Not yet Assigned
Attorney Docket Number	1006.F-5816

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AUTHORIZATION OF AGENT**

Application Number	10/066,311
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Filing Date	February 2, 2002
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First Named Inventor	Julie Moriarty, et al.
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Title	Shear-Enhanced Systems and Methods for Removing Waste Materials and Liquid from the Blood
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Group Art Unit	Not yet Assigned
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Examiner Name	Not yet Assigned
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**Attorney Docket Number** 1006.F-5816

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